STATE OF ARIZONA DEPARTMENT OF REAL ESTATE

2910 N. 44TH ST., Ste 100 400 W. Congress, Ste 523

(602) 468-1414

Phoenix, Az. 85018 www.re.state.az.us Tucson, Az. 85701 (520) 628-6940

Fax (602) 955-6284 Fax (520) 628-6941

For Office Use	Only
	TF 1 TF 2
Бу	11 1 11 2

SALESPERSON/ASSOCIATE BROKER CHANGE FORM LI-202 Legal Name (Last, First, MI): License Number: _____Expiration Date: ____ Signature of Licensee: _____ Date: _____ Email Address (optional): HAVE YOU READ THE INSTRUCTIONS ON THE REVERSE SIDE HIRE (ACTIVE) OFFICE TRANSFER (\$20.00)SEVER (INACTIVE) (NO FEE) BRANCH OFFICE MANAGER (\$10.00) *NOTE: To add, remove or change a professional corporation (PC) or professional limited liability company (PLC) status, use form LI 231. To make a residence/mailing address and legal name change, use form LI-235. NEW EMPLOYER INFORMATION: Entity Name: _____ Entity license No: _____ Business Address: City, State, Zip: Business Telephone: Fax Number: PRINT Designated broker (Sole proprietor's) name: Designated Broker (Sole proprietor's) signature: PURSUANT TO A.R.S. § 32-2127(D) ATTACH A COPY OF THE DESIGNATION LETTER, IF YOU ARE SIGNING AS THE BROKER'S DESIGNEE. **SEVERING INFORMATION:** Prior Entity: _____ Entity License No: ____ PRINT Designated Broker (Sole proprietor's) Name: _____

Persons with disabilities who need this document in an alternative format should contact Business Services at 602.468.1414 ext. 160, or IDASA@re.state.az.us, to make their needs known.

ALL DOCUMENTS SHALL BE CONSIDERED FILED ON THE DATE RECEIVED BY THE DEPARTMENT PURSUANT TO R4-28-102 (A)

Designated Broker (Sole proprietor's) signature:

www.re.state.az.us 400 W. Congress, Ste 523 Tucson, AZ 85701 520-628-6940 Fax: 520-628-6941

NO APPLICATIONS ACCEPTED BY FAX OR EMAIL!

DEFICIENCY CHECKLIST FOR SALESPERSON/ASSOCIATE BROKER LICENSE CHANGE LI-202

Licenses must be returned with form LI-202 when making any changes to your license pursuant to Commissioner's Rule R4-28-303 (E)(6).

ΑI	DRESS, NOR TO CHANGE DESIGNATED BROKERS.
	SEVER-NO FEE: Inactive status, requires designated broker (sole proprietor's) signature either on back of the license or on the license change form LI-202.
	HIRE-\$20.00 FEE: Active status, requires this form, applicant's and designated broker (sole proprietor's) signature and severance from prior employer (if currently active). If licensee is also going to be the branch office manager, include a letter from the designated broker (sole proprietor) stating the powers being vested as the branch manager. See R4-28-304(B).
	OFFICE TRANSFER-\$10.00 FEE: When changing office locations with the same employer, use the reverse side of the license or by completing this form LI-202 with the designated broker (sole proprietor's) signature. If licensee is going to be the branch office manager, include a letter from the designated broker (sole proprietor) stating the powers being vested as the branch manager. See R4-28-304(B).
	BRANCH OFFICE MANAGER CHANGE-\$10.00 FEE: If becoming a manager of a branch office, attach a statement from the designated broker (sole proprietor) describing the authority vested in the assigned branch office pursuant to ACC R4-28-304 and A.R.S. § 32-2127. If existing branch manager is changing, attach a statement from the designated broker (sole proprietor) stating who he/she is replacing as manager and describe the authority vested in the new manager. NOTE: there will be

DO NOT USE THIS FORM TO MAKE ANY CHANGES TO THE ENTITY / DBA NAME OR BUSINESS

PLEASE NOTE: RESIDENCE AND/OR MAILING ADDRESS & LEGAL NAME CHANGE-USE FORM LI-235

IMPORTANT NOTE:

a manager fee of \$10.00 for each licensee.

This is notification of one or more deficiencies in your application. Please correct or submit the deficiencies by the deadline noted or your application will be deemed incomplete and the file closed. The Department must grant or deny a license within a specific period of time once an application is complete. An applicant also has a specific period of time in which to correct any identified deficiency. If you do not provide or correct the identified item(s), or provide the additional information as requested, the application shall be deemed "incomplete" or "withdrawn" and the file closed. If you later wish to apply for a license, you must submit a new application, including applicable fees. R4-28-103. If the Department does not grant or deny a license based on a completed application within the allowed time period, the application fee is refunded to the applicant. A.R.S. § 41-1073 et seq.

Persons with disabilities who need this document in an alternate format should contact Business Services at 602.468.1414, ext. 160, IADA@re.state.az.us, to make their needs known.